

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Barton County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1546	5. Funding/Grant Period Start: 7/1/2015    End: 6/30/2016		6. Report Period Start: 7/1/2015    End: 9/30/2015	
7. Submitted By Shannon Royer		8. Date Report Submitted 10/16/2015		9. FSR # 703	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$0.00	\$1,407.31
• Benefits/Grant Expenditure				\$0.00	\$0.00
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$0.00
• Salary/Grant Expenditure				\$0.00	\$1,263.56
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$0.00	\$143.75
e. Total Recipient Share of Expenses				\$0.00	\$2,413.58
• Benefits/Local core support, funding match				\$0.00	\$653.53
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$0.00	\$1,760.05
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$21,858.87
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$8,592.69
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$13,266.18
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Barton County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1546	5. Funding/Grant Period Start: 7/1/2015    End: 6/30/2016		6. Report Period Start: 10/1/2015    End: 12/31/2015	
7. Submitted By Shannon Royer		8. Date Report Submitted 1/15/2016		9. FSR # 2400	
				10. Final Report No	
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$1,407.31	\$2,480.54
• Benefits/Grant Expenditure				\$0.00	\$115.58
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$841.50
• Salary/Grant Expenditure				\$1,263.56	\$1,510.81
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$143.75	\$12.65
e. Total Recipient Share of Expenses				\$2,413.58	\$2,294.70
• Benefits/Local core support, funding match				\$653.53	\$555.90
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$1,760.05	\$1,738.80
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$17,083.63
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$6,112.15
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$10,971.48
Income:			
i. Total Income From Payer	\$3,907.00	\$0.00	\$3,907.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Barton County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1546	5. Funding/Grant Period Start: 7/1/2015      End: 6/30/2016		6. Report Period Start: 1/1/2016      End: 3/31/2016	
7. Submitted By Shannon Royer		8. Date Report Submitted 4/15/2016		9. FSR # 2842	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$3,887.85	\$2,452.80
• Benefits/Grant Expenditure				\$115.58	\$161.68
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$841.50	\$673.92
• Salary/Grant Expenditure				\$2,774.37	\$1,612.88
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$156.40	\$4.32
e. Total Recipient Share of Expenses				\$4,708.28	\$2,009.46
• Benefits/Local core support, funding match				\$1,209.43	\$651.50
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$3,498.85	\$1,357.96
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$12,621.37
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$3,659.35
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$8,962.02
Income:			
i. Total Income From Payer	\$3,907.00	\$0.00	\$3,907.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Barton County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1546	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 4/1/2016	End: 6/30/2016
7. Submitted By Shannon Royer		8. Date Report Submitted 7/15/2016	9. FSR # 3271		10. Final Report Yes
11. FSR Note					
12. Approved By Shannon Royer		13. Approved Date 7/15/2016			

Transaction Type	Award	Match	Revenue	Total
I. Total Obligated in Award Period	\$10,000.00	\$15,679.76	\$0.00	\$25,679.76
II. Expenditures Subtotal	\$3,660.04	\$9,007.93	\$0.00	\$12,667.97
1. Salary/Salary/Personnel-Direct	\$2,361.54	\$3,288.41	\$0.00	\$5,649.95
a. Krysten Watkins, LMSW	\$2,361.54	\$869.73	\$0.00	\$3,231.27
b. Pam Stiles, RN	\$0.00	\$1,225.09	\$0.00	\$1,225.09
c. Theresa Detherage, RN	\$0.00	\$1,193.59	\$0.00	\$1,193.59
2. Benefits	\$221.75	\$1,081.36	\$0.00	\$1,303.11
a. FICA	\$221.75	\$1,024.14	\$0.00	\$1,245.89
b. Health Insurance	\$0.00	\$0.00	\$0.00	\$0.00
c. KPERS	\$0.00	\$0.00	\$0.00	\$0.00
d. Work Comp	\$0.00	\$57.22	\$0.00	\$57.22
3. Travel	\$117.72	\$0.00	\$0.00	\$117.72
a. Mileage 1000 mi @ \$.575	\$117.72	\$0.00	\$0.00	\$117.72
4. Other	\$959.03	\$4,638.16	\$0.00	\$5,597.19
a. Education	\$0.00	\$0.00	\$0.00	\$0.00
a. Education	\$0.00	\$620.40	\$0.00	\$620.40
c. Marketing	\$959.03	\$4,017.76	\$0.00	\$4,976.79
III. Revenue Subtotal	\$0.00	\$0.00	\$0.00	\$0.00
IV. Total Expenditures in Award Period	\$10,000.69	\$15,725.67	\$0.00	\$25,726.36
V. Total Revenue in Award Period	\$0.00	\$0.00	\$0.00	\$0.00
VI. Remaining Balance	(\$0.69)	(\$45.91)	\$0.00	(\$46.60)